



05-6 1-3 41

PLEASE PRINT

NAME (Last, First, Middle Initial) (Last, First, Middle Initial)  
\* (Last, First, Middle Initial)  
\*\* (Last, First, Middle Initial)

PART II PART III

TO BE COMPLETED BY APPLICANT

Surname	First name(s)
Name of school	City
Email	
Session <input type="checkbox"/> FALL <input type="checkbox"/> SPRING <input type="checkbox"/> SUMMER <input type="checkbox"/> WINTER	
AQ course	

TO BE COMPLETED BY SUPERINTENDENT

Name of superintendent	
Name of school board	
<input type="checkbox"/> <b>CANDIDATE FOR PART II OF A DEVELOPMENT PROGRAM</b> I hereby certify that the candidate mentioned above has successfully taught in Ontario for at least one year.	<input type="checkbox"/> <b>CANDIDATE FOR PART III OF A DEVELOPMENT PROGRAM</b> I hereby certify that the candidate mentioned above has successfully taught in Ontario for two years and during one of those years, he/she has gained experience in the chosen field.
Date	Date
Signature of superintendent	Signature of superintendent